

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. : **10/708,688** Confirmation No. **2687**
Applicant : **David L. Vesely**
Filed: : **03/18/2004**
TC/A.U. : **1653**
Examiner : **Marsha M Tsay**
Docket No. : **1372.143.PRC**
Customer No. : **21,901**
For : **Cancer Treatment Using proANP Peptides**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the nonfinal Examiner's Action mailed October 18, 2004, having a shortened statutory period for response set to expire January 18, 2005, the above-identified patent application is amended a first time as follows:

AMENDMENT A
(37 C.F.R. § 1.111)

Amendment to the claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.



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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

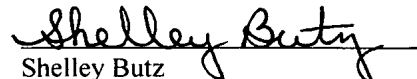
EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition and Fee for Extension of Time is attached hereto.

CERTIFICATE OF MAILING
(37 C.F.R.1.10)

I HEREBY CERTIFY that this correspondence is being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," Express Mail Label No. ED611586866US, addressed to: Mail Stop Amendment, Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 18, 2005.

Date: **January 18, 2005**


Shelley Butz

FEE FOR CLAIMS

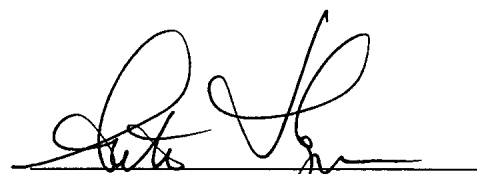
4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	10	Minus	22	= 0	x \$25 =	\$0
Indep.	4	Minus	4	= 0	x \$100 =	\$0
First Presentation of Multiple Dependent Claim					+ \$180 =	\$0
Total						Addit. Fee
						\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,



SIGNATURE OF PRACTITIONER

Reg. No. 41,849
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